

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-010150

STATE FILE NUMBER

Registration District No. **53** Primary Registration District No. **3010** Registrar's No. **126**

FILED MAR 19 1962

DO NOT WRITE
ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cape Girardeau b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Pulaski c. CITY OR TOWN Mound City d. STREET ADDRESS (If outside, give location) 217 S. First	
3. NAME OF DECEASED (Type or print) First Clarence Middle A. Last Stout		4. DATE OF DEATH Month March Day 9 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-19-1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Gov't.		10b. KIND OF BUSINESS OR INDUSTRY Postmaster	11. BIRTHPLACE (City and state or country) Metropolis, Ill.
13a. FATHER'S NAME James C. Stout		13b. MOTHER'S MAIDEN NAME Della Dean	14. NAME OF HUSBAND OR WIFE Mrs. Pearl Stout
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. *****	17. INFORMANT Address Pearl B. Stout Mound City, Ill.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Arteriosclerotic heart disease DUE TO (b) ? DUE TO (c) 35 days PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus			INTERVAL BETWEEN ONSET AND DEATH ?
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11-10-55 a.m. 3-2-62 p.m. 3-1-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased on 3-9-62 at 7.55 A.-M. to 3-2-62 and last saw him alive on 3-1-62 . Death occurred at 3-9-62 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles E. Wilson (Degree or title)		22b. ADDRESS 714 Broadway, Cape Girardeau, Mo.	22c. DATE SIGNED 3-15-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-12-62	23c. NAME OF CEMETERY OR CREMATORY IOOF	23d. LOCATION (City, town, or county) (State) Metropolis, Ill.
24. FUNERAL DIRECTOR ADDRESS Carl W. Alstat Mound City, Ill.		25. DATE RECD. BY LOCAL REG. March 13, 1962	26. REGISTRAR'S SIGNATURE Drene Kasten

MAR 21 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.